



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8278

SERIAL NUMBER 09/692,645	FILING DATE 10/19/2000 RULE	CLASS 358	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. MBHB00-591
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

Edward M. Housel, Rochester, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/13/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

MARK G. BOCCHETTI
 EASTMAN KODAK COMPANY
 343 STATE STREET
 ROCHESTER, NY
 14650-2201

TITLE

Method of generating printer setup instructions

FILING FEE RECEIVED 1214	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 09/692,645	FILING DATE 10/19/2000 RULE -	CLASS 358	GROUP ART UNIT 2622 2624	ATTORNEY DOCKET NO. MBHB00-591
APPLICANTS Edward M. Housel, Rochester, NY ; ** CONTINUING DATA ***** <i>None</i> ** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/13/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 24
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 6		
ADDRESS 020306				
TITLE Method of generating printer setup instructions				
FILING FEE RECEIVED 1022	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	